APR 2 5 2006

PTO/SB/97 (09-04)
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RE: Application 09/851,624		
Filed: 05/08/2001 Examiner: Suzanna M. Meinecke Diaz		
Inventor: Paul Raposo Art Unit: 3623		
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	Application Number	09/851.624	
TRANSMITTAL	Filing Date	05/09/2001	
FORM	First Named Inventor	Paul Ropaso	
	Art Unit	3623	
	Examiner Name	S. M. M. Maine les Dien	
(to be used for all correspondence after inflie	- Attorney Docket Number	Suzanna M. Meinecke Diaz	
Total Number of Pages In This Submission	50	Benchmark	
ENCLOSURES (Check all that epply)			
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC	
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences	
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Repty Brief)	
After Final	Petition to Convert to a Provisional Application	Proprietary Information	
	Power of Attorney, Revocation		
Affidavits/declaration(s)	Change of Correspondence A	Other Enclosure(s) (please Identify	
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Express Abandonment Request	Request for Refund		
Information Disclosure Statement	CD, Number of CD(s)		
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Document(s)	Profession S	white Societication &	
Certified Copy of Priority Document(e) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 Reply indudes Substitute Specification Markup.			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name NIA MILLIA			
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Date April 24, 2006 Reg. No. N/A-			
1/10/11 07, 2005			
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L'ENG'	I.A.Koman	1/1/2/1/2/1/2/2000	

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2008, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no nersons are maximal to reasoned to a collection of information unless it displays a valid OMR control number Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4813) Application Number FEE TRANSMIT Filing Oate For FY 2005 First Named Inventor Examiner Name Diaz Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No. Benchmar METHOD OF PAYMENT (check all that apply) Check 1 Credit Card Other (please identify): Money Order Deposit Account Deposit Account Number: .503179 Deposit Account Name: Kend 4 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Foe (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 130 100 100 50 65 Plant 200 100 300 160 80 150 Reissue 300 150 500 600 300 250 200 **Provisional** 100 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Eee (\$) Each claim over 20 (including Reissues) 50 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Multiple Dependent Claims Total Cialms Fee Paid (\$) Extra Claims Fee (\$) - 20 or HP = Fap (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets Entra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) . 100 m /50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 3490 Other (e.g., late filing surchafge) SUBMITTED BY Registration No. Telephone 408-739 Signature (Alterney/Agent)

Name (Print/Type) Kendy A Kowoko.

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